

Functional Needs Assessment Grid

Client:							MSSP #:					Date:				
ADL/IADL FUNCTIONING	Safe Functioning Level						Current Help					Instructions for ADL/IADL Functioning				
	Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Para Medical	Device	Formal Help	Informal Help	Needs No Help	Needs More Help	Safe Functioning Level: Mark the box indicating the level at which the client can safely perform the function. Current Help: Mark the box(s) indicating the type (if any) of help the client currently receives. Needs More Help: Mark the box if the client needs more help than currently receiving Comments				
*ADLs																
Eating*																
Dressing*																
Transferring*																
Bathing*																
Toileting*																
Grooming*																
Medications																
Stair Climbing																
Mobility Indoor																
Mobility Outdoor																
Housework																
Laundry																
Shopping & Errands																
Meal Prep & Cleanup																
Transportation																
Telephone																
Money Management																
EQUIPMENT NEEDS												Additional Comments:				
	Tub															
	Shower															
	Handheld Shower															
	Bath Bench/Chair															
	Smoke Alarm															
	Emergency Alarm Unit															
Other:																